

# Zoophilia in a Patient with Frontotemporal Dementia

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## ABSTRACT

**Objective:** A 65-year-old divorced man who presented with a 4-year history of personality and behavioural changes with inappropriate sexual behaviour was studied.

**Result:** Cognitive impairment was indicated by low scores in MMSE and RUDAS. Neuropsychological assessment showed poor melokinetic ability, delayed response, personality change and, poor visual learning and memory signifying frontal lobe with predominantly right temporal deficits. CT brain showed multifocal cerebellar infarction and old right occipital infarct. However, brain MRI was not done as the patient could not afford it.

**Conclusion:** A patient with bvFTD and hypersexuality is at risk of zoophilia if they also have the traditional risk factors of zoophilia such as low education, residing in a rural area and lack of opportunities to have sex with human partners.

## KEY WORDS

zoophilia, bestiality, hypersexuality, frontotemporal dementia

## INTRODUCTION

Zoophilia is a paraphilia characterized by recurrent, intense sexually arousing fantasies, sexual urges, or behaviour involving animals. The range of sexual behaviour with animals includes not just coitus, but a whole range of other sexual activities, including fellatio, cunnilingus, masturbation of animals and anal intercourse<sup>1)</sup>. Those who engage in zoophilia are stereotypically viewed as mentally deficient farm workers. These early views of people engaging in sex with animals as being of abnormal intelligence, having little education, coming from rural areas and lack of opportunities for sex with human partners<sup>2)</sup>, however, is more in accordance with the traditional use of the term bestiality which refers to sexual contact between a human and animal, without the human developing any kind of emotional bonding with the animal. The animal is used simply as a tool for satisfying the lust. A bestialist is often seen as an opportunist who uses the animal for sex, when normal outlets for sex are not available<sup>3)</sup>. DSM-5 categorized this atypical preference to have sex with animals as other specified paraphilic disorder (zoophilia) if it caused clinically significant distress or impairment in social, occupational, or other important areas of functioning<sup>4)</sup>.

## CASE REPORT

Here we described a 65-year-old divorced man who presented with a 4-year history of personality and behavioural changes with inappropriate sexual behaviour. Previously, he had 4 marriages and worked as a trishaw peddler and fish monger in a rural district in northeastern of Malaysian peninsula. He was brought for psychiatric attention as the villagers had been accusing him of sodomizing farm animals such as chicken, goat and cow which the patient denied. He said the chicken made a mess inside his house and thus, he just taught them a lesson by strangling them. Upon tactful probing, he admitted to squeezing the abdomen of the dead chicken forcing out the feces and dilating the anus

in the process before having sex with them. Apart from that, he was frequently seen wandering around the village exposing his genitalia. This caused great concern to the villagers that one day he might become sexually aggressive especially to the school girls. In fact, on one occasion he touched the breast and private part his granddaughter. He also beginning to show interest to female's underwear. He developed new and uncharacteristic use of profanity in which he frequently cursed and used obscene language toward others. He took naps in the daytime to make up for his shorter sleep at night. Otherwise, he was able to performed basic activity of daily living such as looking after his personal hygiene. He did not misplace his belonging or lost his way.

Mental state examination revealed a thinly built elderly man, fairly kempt, calm and cooperative. The speech was relevant and coherent punctuated by childish giggling; mood was euthymic with appropriate affect; and no perceptual disturbances or delusions were elicited. His short term memory, abstract thinking and insight were poor. Assessment using Malay version of Mini-Mental State Examination<sup>5)</sup> and Rowland Universal Dementia Assessment Scale<sup>6)</sup> scored 20/30 and 21/30 respectively. CT brain showed multifocal cerebellar infarction and old right occipital infarct. However, the patient refused brain MRI due to financial reason. His neuropsychological assessment showed poor melokinetic ability, delayed response, personality change and, poor visual learning and memory signifying frontal lobe with predominantly right temporal deficits. The patient's diagnosis was behavioural variant frontotemporal dementia (bvFTD). He was prescribed 25 mg of intramuscular fluphenazine decanoate every 2 weeks and 4 mg of oral perphenazine daily. He was referred to the community in view of his problem with compliance.

## DISCUSSION

The above case report illustrates a patient with bvFTD with hypersexuality. Any vigorous sexual drive after the onset of dementia that interferes with normal activities of living or is pursued at inconvenient

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times and with unwilling partners is considered inappropriate<sup>7)</sup>. Inappropriate sexual behaviour (ISB) including hypersexuality, in either verbal or physical form, occurs in approximately 7-25% of demented patients<sup>8)</sup>. Hypersexual behaviour is a particular feature of bvFTD. The patients with bvFTD and hypersexuality had more than just sexual disinhibition as they also had evidence of increased sexual desire. They actively sought sexual stimulation, had widened sexual interests, and tended to experience sexual arousal from previously unexciting stimuli<sup>9)</sup>. This patient developed zoophilia only after the onset of the bvFTD. On the contrary, most cases of zoophilia appears very early in life and is often associated with other atypical sexual interests<sup>2)</sup>.

Hypersexuality usually has a biological origin as disinhibited behaviour, cognitive problems and disorganization are core features of dementia<sup>10)</sup>. A study of patients with bvFTD demonstrated increased pursuit of primary rewards such as food, sex and intoxicants suggesting abnormal functioning of brain circuitry mediating reward processing<sup>11)</sup>. The brain areas implicated in hypersexuality includes right anterior temporal-limbic<sup>9)</sup> and right ventral putamen and pallidum atrophy<sup>11)</sup>. Hypersexual behaviour is also part of the Kluver-Bucy syndrome from bilateral anterior temporal-amygdalar disease<sup>12)</sup>. However, the biological basis of hypersexual behaviour among patients with dementia remains not entirely clear.

Early detection of bvFTD may depend on subtle changes of social circumstances. Widely used bedside tests such as verbal fluency, cognitive estimates and proverb interpretation may reveal deficits of executive functions<sup>13)</sup>. Other assessments such as right-left discrimination<sup>14)</sup> and rapid-finger tapping test<sup>15)</sup>, which show early deterioration with aging, may detect earliest cognitive impairment but has not been shown to be useful in recognizing early FTD.

Case reports have described the use of a wide variety of medications in the male population with inappropriate hypersexuality. The selective serotonin reuptake inhibitor (SSRI) antidepressants are considered first-line treatment for the condition. Antipsychotics and hormone modulators such as estrogens, luteinizing hormone-releasing hormone (LHRH) analogues, and antiandrogens are the second and third line of treatment, respectively<sup>16)</sup>. Long-acting antipsychotic depot was chosen as the main treatment considering his poor compliance to treatment.

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